

# Administrative Notes



### Opening Remarks



COL EVAN J. HOAPILI
Commander, 90th Space

### ALCOHOL RELATED INCIDENTS

- Outside → Inside Gate

- Clear & Present Danger

- There is Hope and Help
  - Immediate implementatio
  - Wing backing
  - Based on national research
  - Integrated and comprehensive plan



# Wing Goal: Create a responsible alcohol culture that promotes healthy, low-risk drinking behavior

• 50% reduction in DUIs o each of the next

Reduce high-risk drinking and associated

Problem behaviors and Increase awareness and prevalence of low-risk drinking



### FRUSTRATION & AMBIVALENCE

- It's just the age...
- You can't stop them...
- Underage will drink...
- I did it at that age...
- I'm old enough to serve my country...I should be old enough to drink!



#1 Risk: Demoralized Leadership

### ALCOHOL RELATED INCIDENTS

- Annually Alcohol is Key Factor in:
  - Traffic fatalities 40%
  - Assaults 72%
  - Suicides 35-80%
  - Sexual assaults 52-90%
  - Murders 50-76%
  - Spouse or child Abuse 50-65%
  - Drowning 69%

### DRINKING & DRIVING

- Drunk Driving is the Most Common Violent Crime in America
  - More than 1.4 million arrests each year
  - One third are repeat offenders
- Traffic Accidents are the Greatest Single Cause of Death for Every Age From 6-33
  - 40% of all traffic fatalitie are due to alc
    - •50% for age 18-24

### **BINGE DRINKING**

Binge Drinkers are up to 10 Times More Likely to:

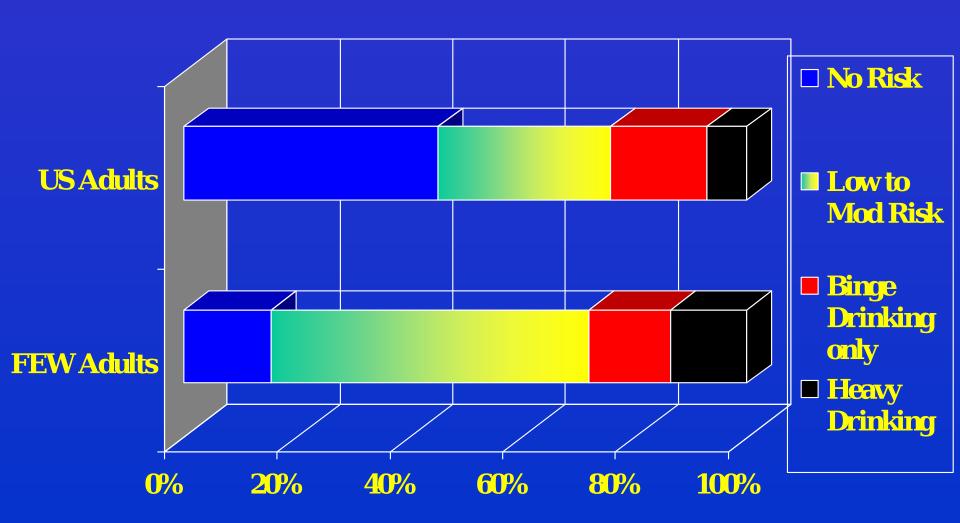
- Be the victim or aggressor in physical or sexual assault
- Experience serious accidental injury
- Get into trouble with police
- Engage in dangerous driving
- Have unprotected & unplanned sex
- Damage property



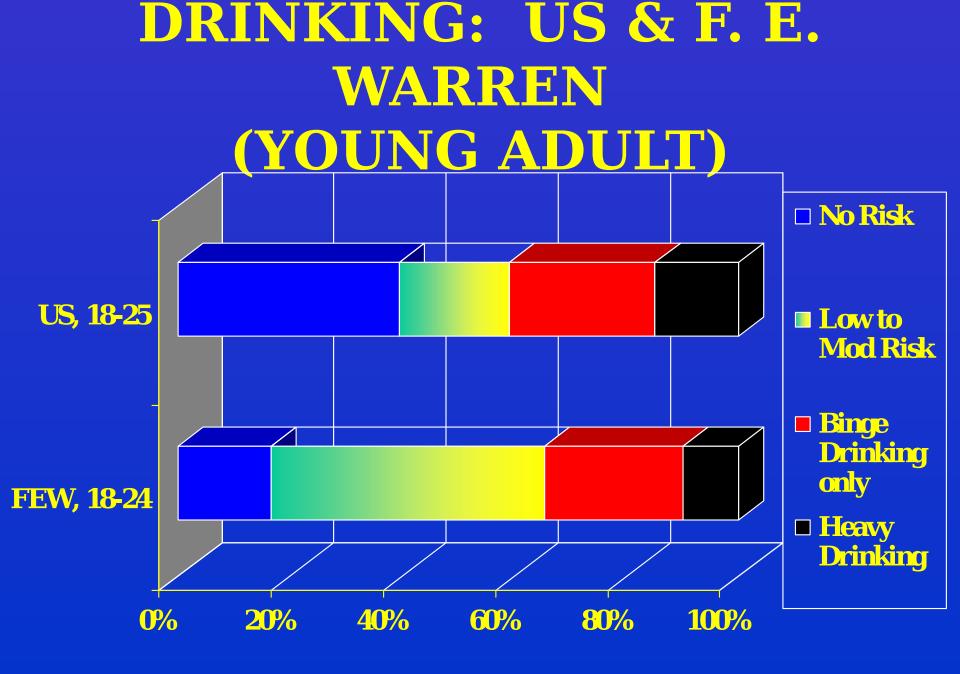




### DRINKING: US & F. E. WARREN

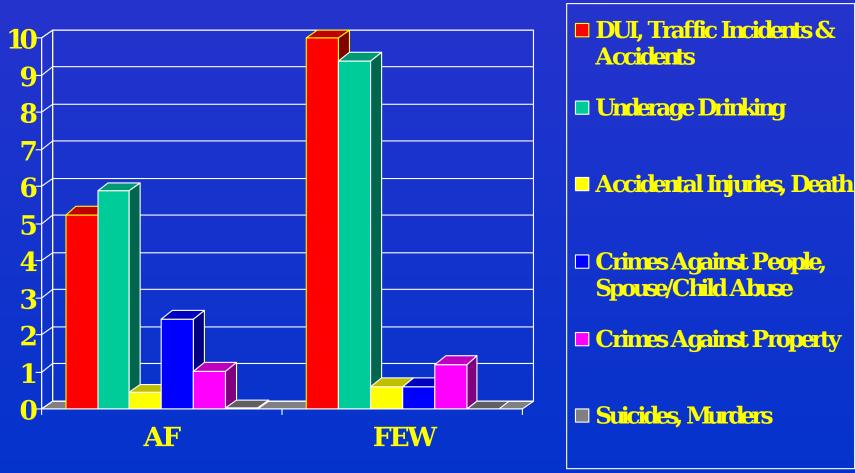


US Data based on interview of 68,000; SAMHSA, Office of Applied Studies, "National Survey on Drug Use and Health", 2002. FE Warren Data based on anonymous written survey of 414 active



US Data based on interview of 68,000; SAMHSA, Office of Applied Studies, "National Survey on Drug Use and Health", 2002. FE Warren Data based on anonymous written

# ALCOHOL RELATED INCIDENTS/1000: AF AND WARREN, 2003



Data source: Air Force ADAPT; rates per 1000, AF end strength 369, 879. FEW 3.300:

### FEW'S 2003 ALCOHOL RELATED INCIDENTS (ARIs)

133 Alcohol Related Incident Events: DUIs

38 (29)

**Drunk on Duty** 

5

UADs 70

**Reported Sexual Assault** 

11

Assaults 24

Other 16

(selling to minors, public intoxication,

DUIs:

38 Incidents (29 AD, Civ Service, Dep)

11 were Underage

**Average Age is 24** 

**Average # of Drinks 4.6** 

81% Over Age 21 29% were Underage



## FEW'S 2003 ARI IMPACT

Article 15s Issued	40
Estimated Total Forfeiture of Pay \$13,909	
Reduction in Rank cases	32
Relieved of Duty days	449
Confinement	30 days
Restriction days	595
Extra Duty Given	612



### FEW's 2004 ARIS

38 Alcohol Related Incident Events:
DUIs

11 (10)

**Drunk on Duty** 

3

UADs 19

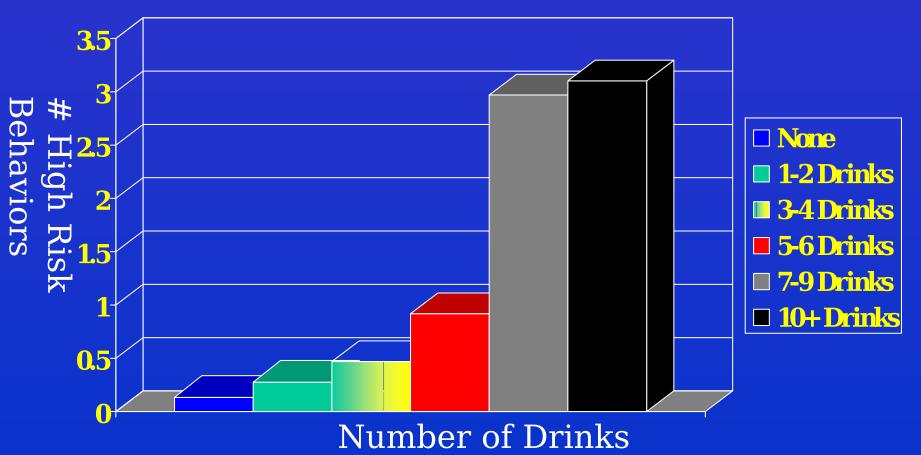
Reported Sexual Assault 0

Assaults 4

Other 24

(selling to minors, public intoxication, etc.)

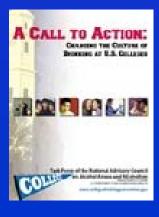
### FEW DATA: DRINKING & HIGH RISK BEHAVIORS

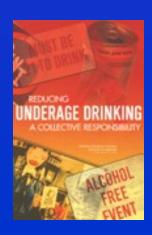


Average number of self-reported High Risk Behaviors: **DUI/riding with** drunk driver, argue/fight with spouse, physical fight, thinking about suicide, unprotected sex, unwanted or forced sex, late or missed work due to drinking, or using other drugs within the last

### F. E. WARREN'S STRATEGY OVERVIEW

- Based on National Research:
  - National Institute of Alcohol Abuse and Alcoholism, "A Call to Action: Changing the Culture of Drinking at US Colleges", 2002
  - National Academy of Sciences, "Reducing Underage Drinking: A Collective Responsibility", 2003





#### INDIVIDUAL LEVEL

- Pre-Screening Treatment
- Post Incident Discipline RESPONSIBL

#### **BASE** LEVEL

DRINKING **CULTURE Integrated** 3-Pronged

**Approach** 

#### Awareness

- Education
- Prevention
- Intervention

#### COMMUNI LEVEL

Collaboratio

n

Responsible Alcohol

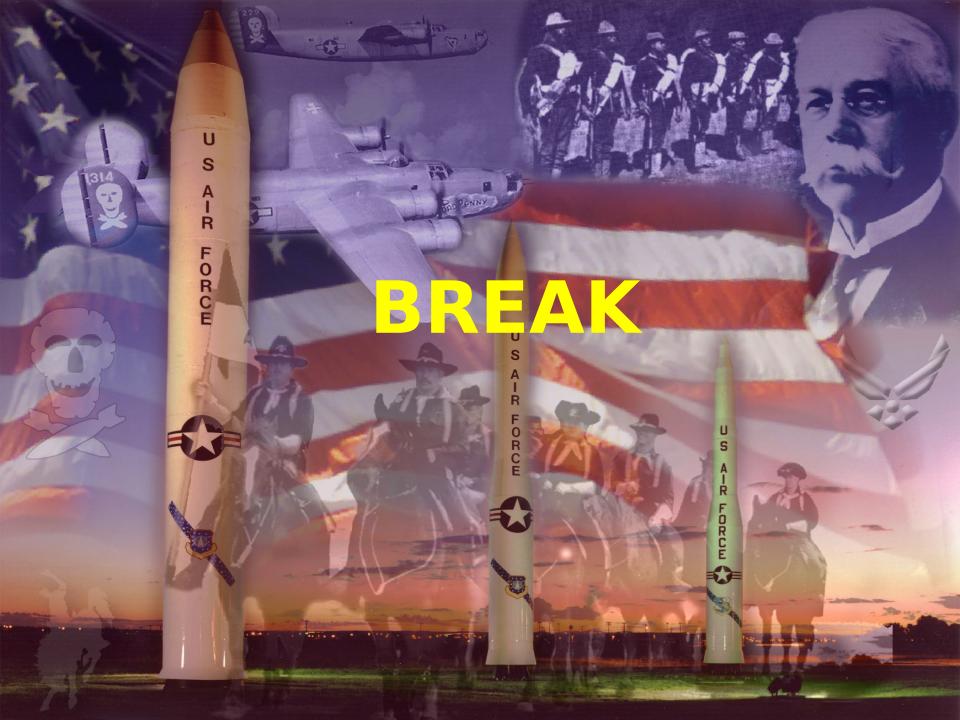
Service

### **National Research:** Changing the Culture

at U.S. Colleges

**PENNY NORTON** 





#### INDIVIDUAL LEVEL

- Pre-ScreeningTreatment
- Post Incident Discipline RESPONSIBL

BASE LEVEL

E
DRINKING
CULTURE
Integrated
3-Pronged

**Approach** 

Awareness

Education

Prevention

Intervention

COMMUNII LEVEL

Collaboratio

n

Responsible Alcohol
Service

### individuals at High Risk and The Air Force ADAPT

### CAPT ALAN OGLE

Chief, Life Skills Support
Center

ADADT Dragram Managar

#### **KEY POINTS**

- Drinking Behavior-A Matter of Degree
- Substance Use Patterns
- Early Identification of Problems
- Mandatory Evaluation and Treatment
- How to Use the ADAPT program

## WHY YOUNG PEOPLE DRINK:

- Many Reasons
  - Fun
  - Curiosity: "rite of passage"
  - Peers: "the thing to do…"
- Psychological Purposes
  - To increase positive feelings
  - To decrease negative feelings



# LEVELS OF DRINKING BEHAVIOR: A MATTER OF DEGREE

- No Risk
- Low Risk Drinking
- Problem Drinking
  - Illegal/Underage
  - Alcohol Related Incidents (ARI)
  - Binge Drinking
- Alcohol Abuse
- Alcohol Dependence



HIGH RISK & ILLNESS

## BLOOD ALCOHOL CONCENTRATION (BAC)

- 0.03% (1 drink/hour): relaxed, feeling of exhilaration
- 0.06% (1-2 drinks/hour): feeling of warmth and relaxation, decrease of fine motor skills
- 0.09% (2-3 drinks/hour): slowed reaction time, poor muscle control, slurred speech, wobbly legs
- 0.12% (2-4 drinks/hour): clouded judgment, lessened inhibitions and self-restraint, impaired reasoning and ability to make logical decisions, well over the legal limit

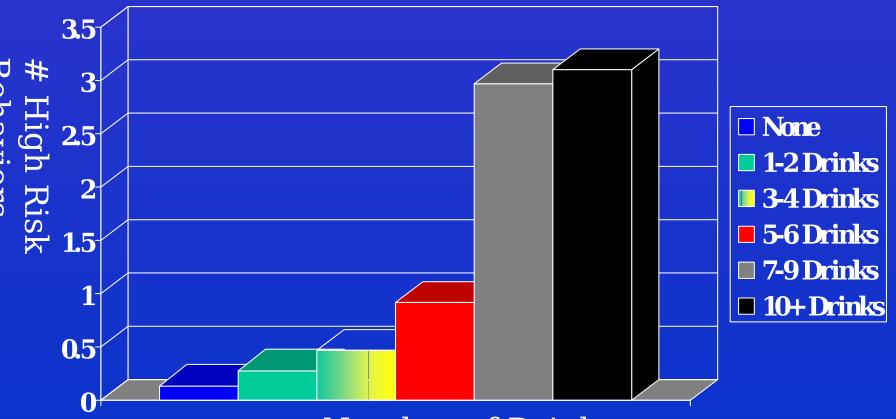
## BLOOD ALCOHOL CONCENTRATION (BAC)

- 0.15% (3-5 drinks/hour): blurred vision, speech unclear, unsteady walking, impaired coordination, possible blackout
- 0.18% (5-8 drinks/hour): behavior is totally impaired, trouble staying awake, numb
- 0.30% (8-13 drinks/hour): drunken-stupor or deep sleep
- 0.40% (11-15 drinks/hour): coma, probable death
- 0.50% (14-18 drinks/hour): death

#### LOW RISK DRINKING

- Low Risk Drinking is Our Goal
- Drinking Perceptions and Norms
- Keep a Person's BAC Below .05

### FEW DATA: DRINKING & HIGH RISK BEHAVIORS



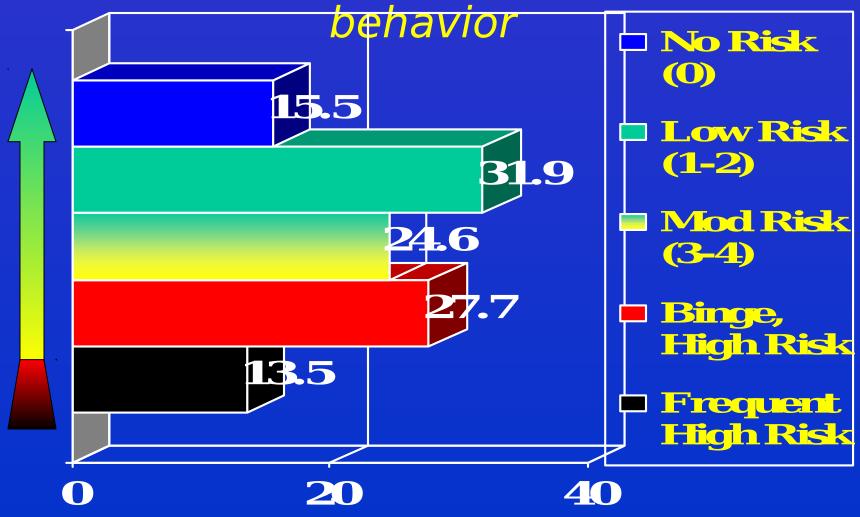
#### Number of Drinks

Average number of self-reported High Risk Behaviors: **DUI/riding with** drunk driver, argue/fight with spouse, physical fight, thinking about suicide, unprotected sex, unwanted or forced sex, late or missed work due to drinking, or using other drugs within the last

### RESPONSIBLE DRINKING



# Create a responsible alcohol culture that promotes healthy, low-risk drinking



FE Warren Data based on anonymous written survey of 414 active duty members, 2004.

### APPROACH: INDIVIDUALS AT HIGH

**RISK** 

 Persons at Moderate or High Risk for Problem Drinking or Substance Use Disorder

- Enter AF with Established Alcohol Use Disorders

- Genetics and/or Environment

- Poor Coping Skills or Judgment

NO RISK

**LOW RISK** 

MODERTAT E RISK

HIGH RISK & ILLNESS

# IDENTIFYING PERSONS AT HIGH RISK

- Self-Identification
- Behavior
- Universal Screening
  - Alcohol Use Disorder Identification Test (AUDIT)
  - Administered to all incomir personnel (FTAC, Rightstar
  - CC notified of scores 8 or higher, with recommendation for referral to ADAPT evaluation

#### SAMPLE AUDIT

#### **ITEMS**

- 1. How often do you have a drink containing alcohol?
  - 0 Never or less
  - 1 Monthly
  - 2 2 to 4 times per month
  - 3 2 to 3 times per week
  - 4 4 or more times per week
- 4. How often during the last year have you found that you were not able to stop drinking once you had started?
  - 0 Never
  - 1 Less than monthly
  - 2 Monthly
  - 3 Weekly
  - 4 Daily or almost daily
- 8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
  - 0 Never
  - 1 Less than monthly
  - 2 Monthly
  - 3 Weekly
  - 1 Daily or almost daily

### MANDATORY EVALUATION AND TREATMENT

- AFI 44-121 Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program
- ADAPT is Part of the 90th Medical Group,
   Life Skills Support Center
  - Program Manager: Captain Alan Ogle
  - NCOIC: MSgt Jeffrey Randall, CADAC
  - 773-2998

# ADAPT PRIMARY OBJECTIVES:

- Promote readiness, health and wellness
  - Through prevention and treatment of substance abuse
- Provide education and treatment
  - For individuals with substance abuse problems
- Return patients to unrestricted duty status
  - Or assist them in transition to civilian life

#### HOW TO USE ADAPT: REFERRALS FOR EVALUATION

- Self-Referral

- Medical Referral

- Commander Referral



#### **COMMANDER REFERRAL:**

- AFI 44-121 3.8.1
  - A Unit commander shall refer all service members for assessment when substance use is suspected to be a contributing factor in any incident
  - DUI, public intoxication, drunk and disorderly, spouse/child abuse and maltreatment, underaged drinking, positive drug test, or when notified by medical personnel.
- Refer Within 7 Days of Incident, ASAP for DUI

## COMMAND REFERRAL PROCESS:

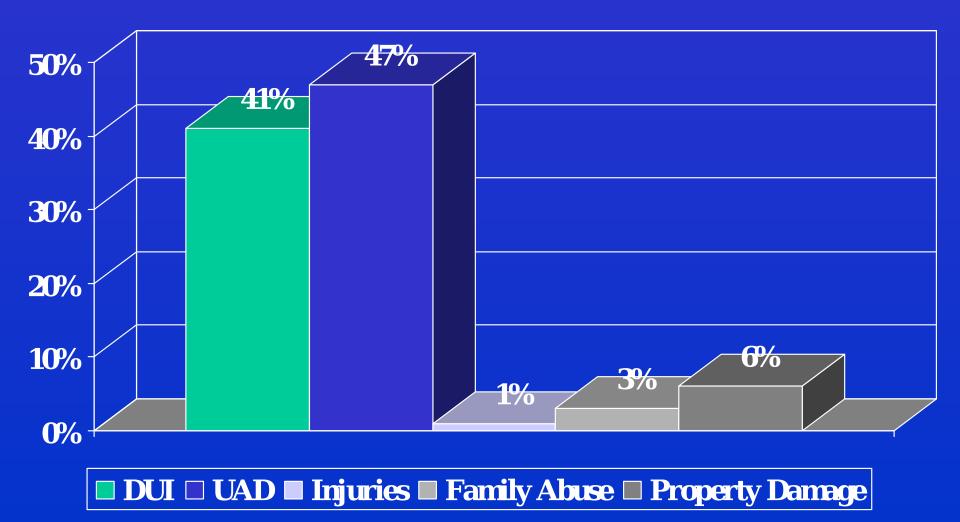
Unit Commander (or Designee)
 Completes ADAPT Referral Form
 Which Provides Important Information
 About the Member and the Incident

 Commander Informs the Member of the Purpose of the Appointment, That it is Nonpunitive, and That They are to Report in Uniform for a Substance Abuse Evaluation

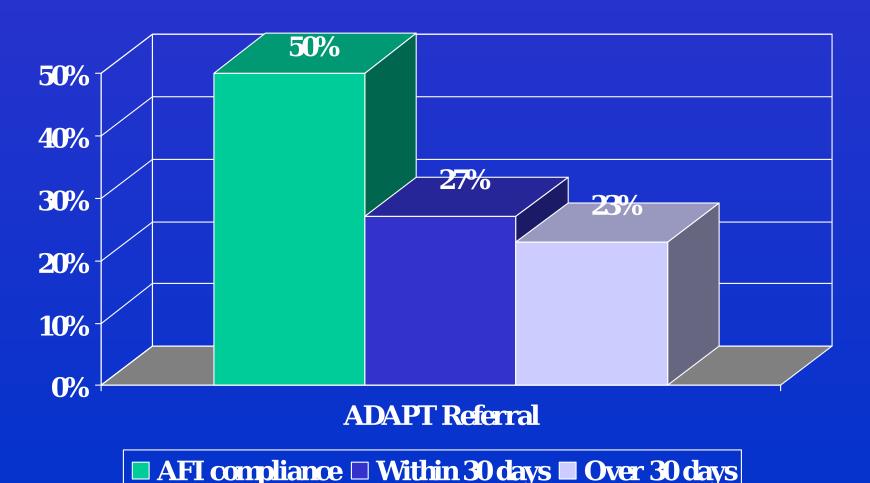
#### **EVALUATION PROCESS:**

- ADAPT will Provide an Appointment Within 7 Days (or as Soon as Possible)
- Patient Receives a Substance Use Evaluation
  - American Society of Addiction Medicine criteria
  - "Motivational Interviewing" combined with the AF Substance Use Assessment Tool (SUAT)
  - Based on the information provided by the patient and unit, patient is directed to education or treatment
- Following the Evaluation, the Commander/First Sergeant will be Briefed on the Outcome

## TOP REASONS FOR ADAPT REFERRAL IN 2003

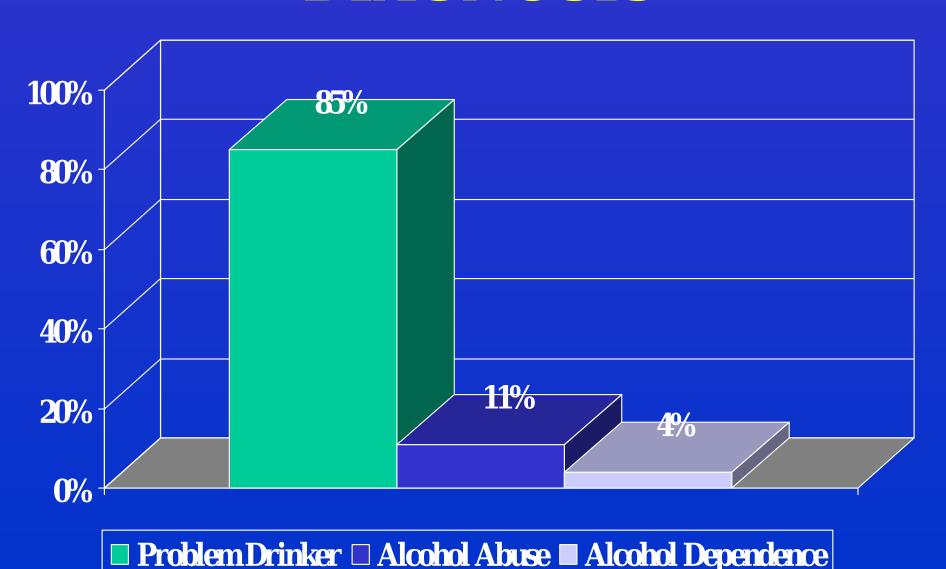


## 2003 COMMANDER REFERRAL PERFORMANCE MANDATORY WITHIN 7 DAYS OF INCIDENT



Total 103 ADAPT referrals in 2003.

#### 2003 EVALUATION RESULTS: DIAGNOSIS



#### **ADAPT SERVICES: EVALUATION AND EDUCATION**

- All Referrals Receive:
  - Initial diagnostic evaluations
  - 6-hour Substance Abuse Awareness Seminar
    - Didactics and interactive group discussion
    - Use of video and impaired driving

#### **SAAS Topics**

- Air Force and civilian standards regarding to substance use
- Individual responsibilities relating to substance use
- substance abuse
  - Air Force and civilian legal/administrative consequences
  - Facts and statistics about alcohol
  - Physical and psychological effects of abuse
  - Potential impact on self, others, and the community

- -Hazards of binge drinking
- -Group / Family Dynamics of
- -DUI/DWI education
- -Drug abuse education
- -Values clarification
  - -Healthy stress

## SUBSTANCE USE DISORDERS:

- 305.00 Alcohol Abuse (31% College Students)
  - Recurrent, significant adverse consequences related to repeated alcohol use
  - Not addicted to alcohol
- 303.90 Alcohol Dependence (15% General Population, Lifetime Rate)
  - Clinically significant impairment
  - Continued use despite serious negative consequence
  - Tolerance
  - With/Without Physiological Dependence

#### ADAPT SERVICES: TREATMENT

- Diagnosed AD Members Receive:
  - Individualized treatment
  - If medically indicated, referral for off-base care
    - AA / NA meetings in the community
    - Intensive outpatient program (3-4 hours/day, 4 days/ week)
    - Inpatient hospitalization for detox (3-7 days)
    - Inpatient/Residential program (4-6 weeks)
  - Referral for Spiritual Counseling as Desired
  - Transitional Counseling

#### ADAPT SERVICES: TREATMENT

#### **AFI** Requires:

- Complete Abstinence from Alcohol (Duration Set by TT)
- A Medical Profile (S4T-not Worldwide Qualified)
- Treatment Team Meetings-Initial and Quarterly
  - Patient
  - Commander
  - FirstSergeant
  - Supervisor
  - Counselor

- ADAPT Program Manager
- Flight Surgeon (Missileers only)
- Others invited (spouse/close friend/relative)

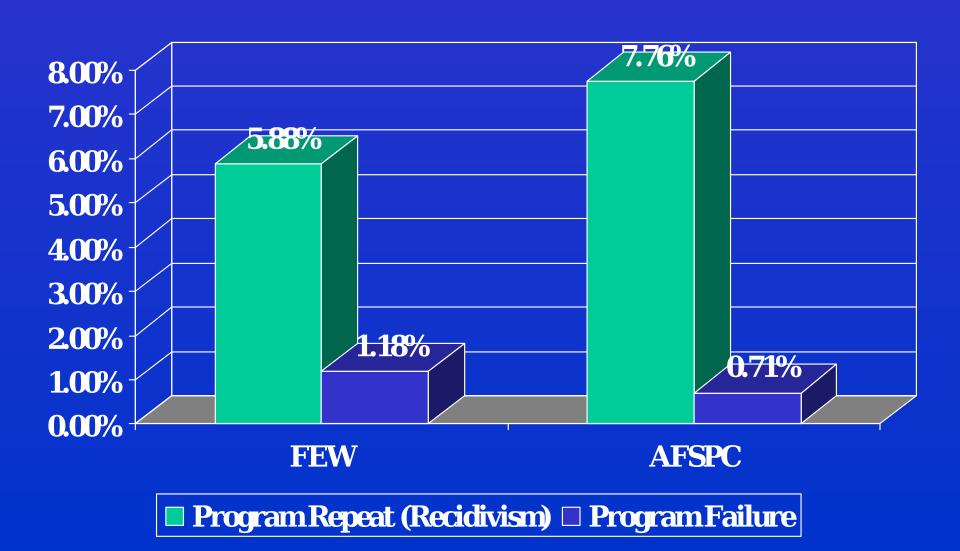
#### PROGRAM COMPLETION:

- Successful Completion of the ADAPT Treatment Program is Based on:
  - Meeting diagnostic criteria for "early full remission"
  - Progress toward other treatment goals
  - No longer requiring ADAPT program services for healthy living within AF standards
- Realistic Time Frames for Treatment Range from 4 to 24 Months Depending Upon Severity, Motivation, and Progress

#### PROGRAM FAILURE:

- "Program Failure" is Determined by a Pattern of:
  - Unacceptable behavior/unwillingness to live within AF standards regarding alcohol
  - Inability or unwillingness to comply with the treatment plan
  - Involvement in alcohol and/or drug related incidents after receiving initial treatment.
- Military Members who Fail the ADAPT Program will be Recommended for Separation from AF

## 2003 ADAPT PROGRAM OUTCOMES



## PERSONNEL RELIABILITY PROGRAM:

- If no Diagnosis and no Other PDI (e.g. Stress, Concentration, Other Problems) a Member is Returned to PRP Duties—SAAS Attendance Still Required
- Patients Diagnosed Abuse or Dependence will be Recommended for Temporary or Permanent Decertification
- <u>Please Note</u>: Since PRP Recommendations Often Based on Making a Diagnosis, it is Best to Refer People for Their FIRST Incident

# RESOURCES: LEADER'S GUIDE FOR MANAGING PERSONNEL IN DISTRESS

- Sections:
  - Topics in Distress
  - Specific Life Challenges and Resilience
  - Interventions and Community Resources
  - Deployment and Other Special Topics
  - Information for Unit Members
  - Leadership in Action-Strategies for Disease Prevention and Management

https://www.afms.mil/afspp/products/d

#### CONCLUSION



#### INDIVIDUAL LEVEL

- Pre-ScreeningTreatment
- Post Incident Discipline
  RESPONSIBL

#### BASE LEVEL

E
DRINKING
CULTURE
Integrated

3-Pronged

**Approach** 

#### Awareness

- Education
- Prevention
- Intervention

COMMUNIT LEVEL

Collaboratio

n

Responsible

Alcohol

Service

## BASE LEVEL: AWARENESS & EDUCATION

- Commander Calls & Annual Briefings
- 0-0-1-3 Agreement with Supervisors
- FTAC & Right Start Curriculum Overview
- Squadron Action Plans
- Unit Champions
- 'Alternatives to Drinking' Program for

#### Airmen

- Media Campaign

## BASE LEVEL: CC CALLS & ANNUAL BRIEFS

- Continuous Alcohol Prevention
   Messages
- Offer Resources and Incentives
- Providing Information and Testimonials
- Videos (PA Clips and Othe
- Community Ownership

#### BASE LEVEL: 0-0-1-3 AGREEMENT

- New Comers to the Base
  - Attend FTAC or Right Start

- Agreement

  Signed:
  Jennifer Chandler
  Col Hoapili
- Take Initial Screening questionnaire Col Hoapili
- Discuss 0-0-1-3 Agreement with supervisor within 14 Days of arrival on the base during initial performance feedback
- Supervisor files 0-0-1-3 Agreement in PIF

#### BASE LEVEL: FTAC & RIGHT START

#### **GOALS:**

- Updated Integrated and Interactive Lesson Plan

- All New Personnel Receive the Same Messages and Education

#### BASE LEVEL: FTAC

- -1 ½ 1 ¾ Hrs Drug & Alcohol Program:
- Club Drug Video & Discussion
- Jeopardy Game
- Binge Drinking Quiz and Discussion
- Quay Sampsell Video and 0-0-1-3 Discussion
- Drunk Gogales Demo

### BASE LEVEL: FTAC

- 15 min Initial Screening Questionnaire
- 20 min Focus Group by Public Affairs
- 20 min "Alternatives to Drinking" for Airmen by Services and The "MAD" Crew

#### BASE LEVEL: RIGHT START

- 30 Min Briefing:
- Jeopardy Game Format
  - Programs & services
  - Suicide prevention
  - Family violence
  - Sexual assault
- 0-0-1-3 Discussion

- Alcohol awareness
- Drug deterrence (DDRP)
- Integrated Delivery
   System (where to go for help or to get involved)

- 15 Min Initial Screening Questionnaire

#### BASE LEVEL: UNIT CHAMPIONS

- Help the Wing Send Clear, Consistent Message: Promote a Healthy, Low-Risk, Responsible Drinking Culture
- Facilitate Discussion and Ownership of 0-0-1-3 with Peers
- Increase Awareness/Accurate Knowledge of Issues, Alternatives, & Encourage Good Decision-Making
- Develop Squadron Tailored & Approved Action

## BASE LEVEL: SQUADRON ACTION PLAN

- Development of Squadron Specific Objectives and **Active Action** Plan to Help Squadron Meet Wing Goals

90<sup>th</sup> Medical Group
Developing a Responsible Drinking
Culture
Squadron Action Plan 2004

Community Result (Goals):

Create a Responsible Drinking Culture at F. E. Warren
AFB

Squadron Result (Goals):

**Squadron Objectives:** 

Squadron Assessment Used:

Resources Needed:



- Fyamnle

## BASE LEVEL: ALTERNATIVES TO DRINKING PROGRAM

#### "There's Nothing To Do Here!"

- Airmen Promoting Activities On- and Off-Base for Airmen: The M.A.D. Crew
- Initial Activities Planned:
  - Dorm Escape
  - Midnight Basketball
  - Dances at Club--opened to 18-24 in Cheyenne
  - The Basement

avanta

Partner with LCCC--tickets to sporting

## BASE LEVEL: ALTERNATIVES TO DRINKING PROGRAM

- Expand Program:
  - Partner with University of Wyoming and Colorado State University
  - Midnight movie madness at base theater
  - Rock climbing wall in Fall Hall
  - Paintball/Laser tag in Fall Hall
  - Partner with City of Cheyenne for U21 & other events
  - Provide packaged/low cost activities/events via Outdoor Rec for Airmen and for units

## BASE LEVEL: MEDIA CAMPAIGN



### BASE LEVEL: MEDIA CAMPAIGN

- 8 PHASES
  - Phase Change Every 6 Weeks
  - Within Each Phase, Change Every 2 Weeks
  - Three Demographic Populations within Each Phase

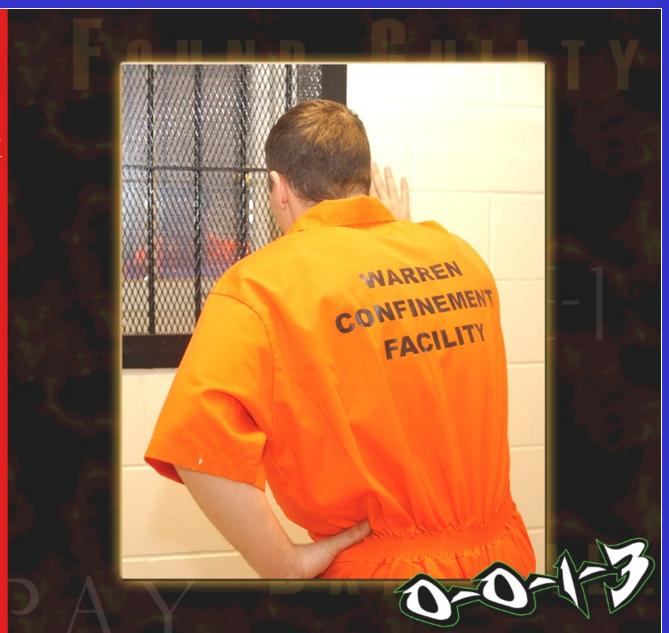
Younger Crowd
Older Crowd
Base Population in General

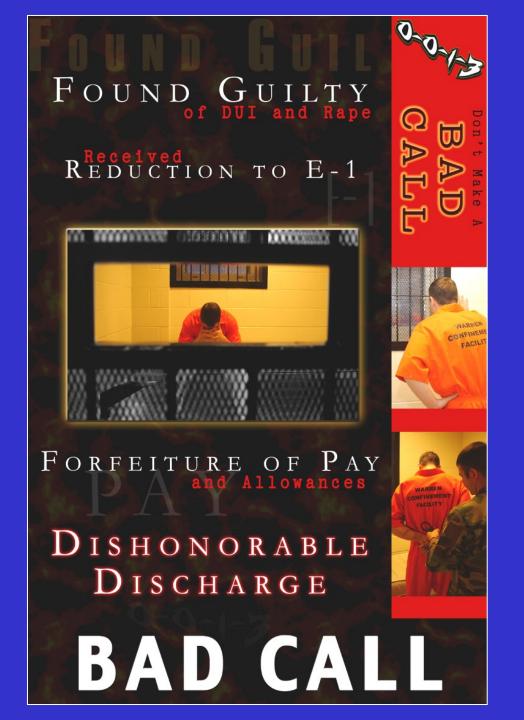
### BASE LEVEL: MEDIA CAMPAIGN

```
- 8 PHASES (THEMES)
  Bad Call (5 Mar 04)
   There is More to Life Than Drinking
   Sabotage
    Don't Listen to the Beer
     Last Call
     So What's There to Do Here,
  Anyway?
      Worthless
```



DRANK 'TILL 2 at buddy's pad Some out with CK STOPPED DUI with a BAC BAD CALL







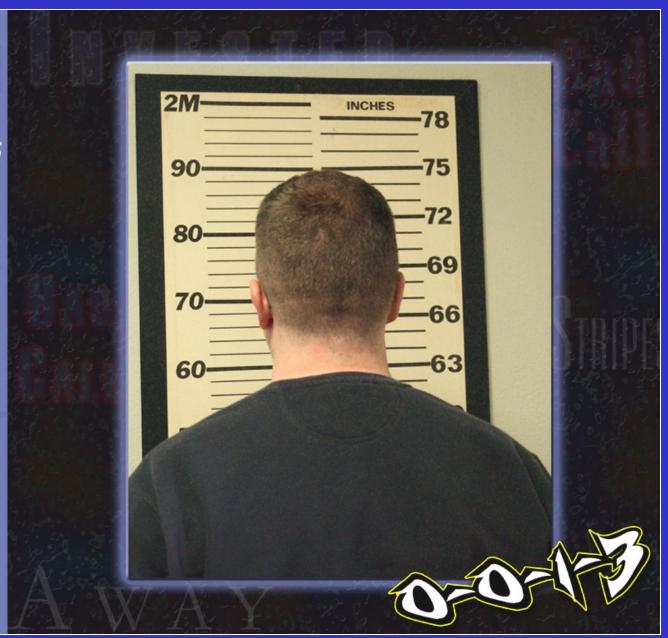
 $\overset{ ext{she}}{Y} \overset{ ext{ou}}{\text{ou}} \overset{ ext{E}}{\text{NLISTED}}$ 

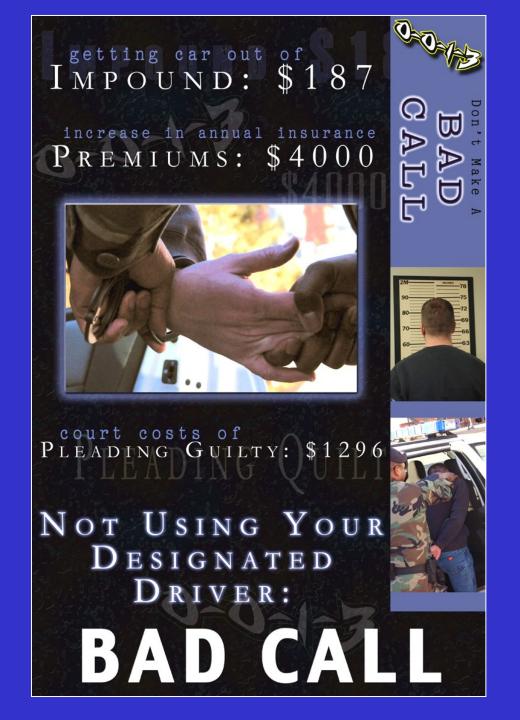
YourStripes

INVESTED

YOU JUST
THREW
IT AWAY

BAD CALL





## BASE LEVEL: MEDIA CAMPAIGN

- Venues:
  - Base Paper
    - Articles (sentienel@warren.af.mil)
    - Ads
  - Flyers (UCs) / Posters (Gp)
  - Video for CAC, CC Calls, Base Theater
  - Mini-Billboards at Gate 1 & 2
  - Pamphlets / Bookmarks
  - Screen Savers / Wallpaper for Computers
  - Window Clings
  - Key Chains

# BASE LEVEL: PREVENTION & INTERVENTION

- Squadron Action Plans
- 'Alternatives to Drinking' Program
- Incentives & Discipline
- Base Taxi Program
- ARI Data Tracking Process

## BASE LEVEL: INCENTIVES

- Unit Level Programs
  - Be Careful of Rewarding People for 'Not Being Irresponsible'
  - Recognize Your Unit for Meeting Their Squadron Action Plan Goals on a Quarterly and Annual Basis
  - Include a Bullet in Qtrly and Annual Award Noms for Contributions to Creating a Responsible Drinking Culture; as well as Performance Reports
  - Reward Designated Drivers for Accruing x

### BASE LEVEL: DISCIPLINE

- Perception: Swift, Harsh Punish



- Fact: According to Air Force, FEW Ranked High in Punishment
- Answer: Need to Get the Word Out on Consequences

### BASE LEVEL: BASE TAXI PROGRAM

- Propose Using MXG Program as Wing Program
- Arrive Alive Taxi Program (AATP)
  - 100% anonymous / 100% free to member
  - Runs 24/7
  - AATP Card required for service
    - Impressions Yellow Cab: \$1.80 flat rate + \$1.25 per mile
  - Would start with \$1,000 in fund
  - AAC / AADD and others could run the program and raise money during year (booth

### BASE LEVEL: BASE TAXI PROGRAM

### 90th Space Wing Arrive Alive Taxi Program

THINK SMART...DON'T DRINK AND DRIVE CALL ARRIVE ALIVE FOR A **FREE** RIDE

@ 433-1661

Yellow Cab Co. / Qualifies for rate 3 Send card and bill for payment to: 90 SW/CCEA @ 5305 Randall Ave. F. E. Warren AFB 82005-2274

\*BAR TO HOME ONLY

- In Order to Effectively Track all ARIs Need to Establish Wing Tracking Policy and Process

- Data Requested:
  - Date / Day of the Week / Time
  - Unit / # Currently Assigned to Unit
  - Age / Rank / Gender
  - Circumstance in Which Alcohol was a Factor
  - Charged with / Suspected of / Victim of (Type of ARI)
  - BAL
  - On/Off Base, or at Gate
  - Base / City ARI Took Place

- Data Requested:
  - Location / Name of Establishment Alcohol Obtained/Served
  - Convicted of
  - Discipline Action Taken
  - Cost to Individual
  - Cost to Unit
  - If Restricted, to Where
  - Type of Duties Given if on Casual/General Duty Status
  - Repeat Offender?

- Data Requested:
  - TOS
  - Ref to ADAPT?
  - Where in Scheduling Period When Incident Occurred
  - Names in Chain of Command
  - Why Was the Individual Drinking?
  - Noticed Patterns in Behavior or Work

#### Performance

Any Precipitating Factors

- Data Used for Official Use Only
  - Raw General Data for Commanders
  - Quarterly & Annual Data/Stats for

#### Commanders

- Annual Stats for Briefings
- Annual Assessment for Media Campaign and

#### **ADAPT**

'X'-Letter for Awareness & Education

- WG/CCE, OSI, SQ/CC, F/S, and/or SFG/SFA Contacts CCX When ARI Occurs
- SQ/CC or F/S Will be Asked to Provide Details at the 48 Hr, 30 Day, 60 Day, AND 6 Mo / 1 Yr Point (Depending on the Type of ARI and Discipline Taken)
- CCX Will Input all Data Into Excel (Acces



- MFR or Official Statement Written, Copy Will be Forwarded to CCX--Once Discipline Action Has Been Concluded & With Permission of Individual
- MFR / Official Statement Will be Turned into an 'X'-Letter for Use by Squadrons, Unit Champions, & Public Affairs
- HHQ requests for ARIs Stats Will be Coordinated with JA, SFG/SFA, and CCX

## FEW's Developing a Responsible **Drinking Culture Q&A Session I**

PANEL:

COL HOAPILI

**FACE** 

LT COL

**HENRY** 

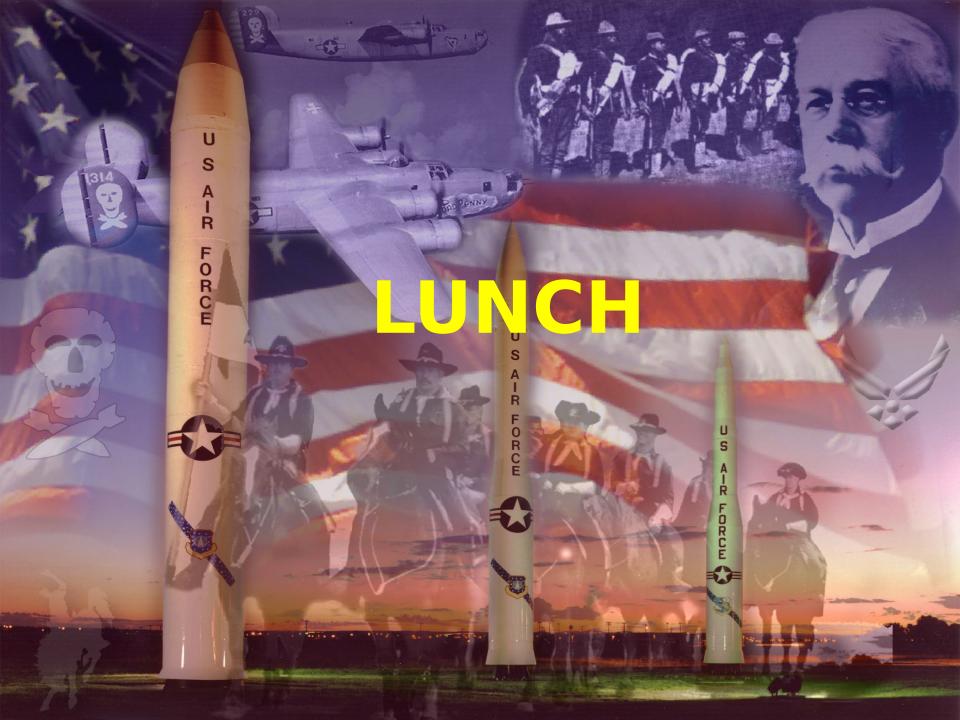
MAJ SEABERG CHIEF DICKS MAJ

**CHANDLER** 

CAPT OGLE

LT LEE

MR. GARCIA



#### INDIVIDUAL LEVEL

- Pre-ScreeningTreatment
- Post Incident Disciplina

#### RESPONSIBL

E

#### BASE LEVEL

- DRINKING CULTURE Integrated
  - **3-Pronged**
  - **Approach**

#### Awareness

- Education
- Prevention
- Intervention

#### COMMUNIT LEVEL

•

Collaboratio

n

•

Responsible Alcohol

Service

# Impaired Driving Inside and Outside the Front Gate



Robert E. Weltzer, Ph.D.

National Highway Traffic Safety

Administration

U.S. Department of Transportation



#### Top 10 Leading Causes of Death in the United States for 2001, by Age Group<sup>1</sup>

National Center for Statistics and Analysis

пеф	"/ MALAN TIMES OF THE	Ana								Tractor kill Oc	and for otation	co ana / maiyolo
R A	Cause and Number of Deaths										Years of	
N K	Young Infants Toddlers Children Children Under 1 1-3 4-7 8-15			Young Youth Adults 16-20 21-24		Other Adults 25-34 35-44 45-64			Elderly All Ages 65+		Life Lost <sup>2</sup>	
1	Perinatal Period 13,734	Congenital Anomalies 496	MV Traffic Crashes 533	MV Traffic Crashes 1,546	MV Traffic Crashes 5,979	MV Traffic Crashes 4,136	MV Traffic Crashes 6,759	Malignant Neoplasms 16,569	Malignant Neoplasms 139,785	Heart Disease 582,730	Heart Disease 700, 142	Malignant Neoplasms 23%(8,614,131)
2	Congenital Anomalies 5,513	MV Traffic Crashes 421	Malignant Neoplasms 400	Malignant Neoplasms 829	Homicide 2,414	Homicide 2,738	Homicide 5,204	Heart Disease 13,326	Heart Disease 98,885	Malignant Neoplasms 390,214	Malignant Neoplasms 553,768	Heart Disease 22%(8,110,571)
3	Heart Disease 479	Accidental Drowning 393	Exposure to Smoke/Fire 178	Sulcide 447	Suicide 1,879	Sulcide 1,924	Sulcide 5,070	MV Traffic Crashes 6,891	Stroke 15,518	Stroke 144,486	Stroke 163,538	MV Traffic Crashes 5%(1,700,952)
4	Homicide 332	Homicide 362	Congenital Anomalies 168	Homicide 391	Mallgnant Neoplasms 814	Accidental Poisoning 771	Malignant Neoplasms 3,994	Sulcide 6,635	Diabetes 14,913	Chronic Lwr. Resp. Dis. 106,904	Chronic Lwr. Resp. Dis. 123,013	Stroke 5%(1,687,683)
5	Septice mia 312	Malignant Neoplasms 321	Accidental Drowning 164	Congenital Anomalies 324	Accidental Poisoning 566	Malignant Neoplasms 768	Heart Disease 3,160	HIV 5,867	Chronic Lwr. Resp. Dis. 14,490	influenza/ P neumonia 55,518	Diabetes 71,372	Chronic Lwr. Resp. Dis. 4%(1,444,745)
6	Influenza/ P neumonia 299	Heart Disease 200	Homicide 133	Accidental Drowning 293	Heart Disease 398	Heart Disease 543	Accidental Poisoning 2,507	Accidental Poisoning 5,036	Chronic Liver Disease 13,009	Diabetes 53,707	Influenza/ Pneumonia 62,034	Sulcide 3%(1,079,822)
7	MV Traffic Crashes 139	Exposure to Smoke/Fire 170	Heart Disease 82	Heart Disease 273	Accidental Drowning 326	Accidental Drowning 211	HIV 2,101	Homicide 4,268	Sulcide 9,259	Alzhelmer's 53,245	Alzhelmer's 53,852	Perinatal Period 3%(1,070,154)
8	Nephritis/ Nephrosis 133	Septicemia 96	MV NonTraffic Crashes 51	Exposure to Smoke/Fire 140	Congenital Anomalies 244	Congenital Anomalies 206	Stroke 601	Chronic Liver Disease 3,336	MV Traffic Crashes 8,750	Nephritis/ Nephrosis 33,121	MV Traffic Crashes 42,443	Diabetes 3%(1,014,201)
9	Stroke 108	Influenza/ Pneumonia 92	Benign Neoplasms 46	MV NonTraffic Crashes 125	Accidental Falls 114	HIV 167	Diabetes 595	Stroke 2,491	HIV 5,437	Septicemia 25,418	Nephritis/ Nephrosis 39,480	Homicide 3%(924,263)
10	Meningitis 78	Perinatal Period 63	Septicemia 33	Chr. Lwr. Resp. Dis. 102	Acc. Dischg. Of Firearms 114	Accidental Falls 134	Congenital Anomalies 458	Diabetes 1,958	Nephritis/ Nephrosis 5,106	Hypertension Renal Dis. 16,397	Septicemia 32,238	Chronic Liver Disease 2%(623,998)
ALL	27,568	4,288	2,703	6,672	15,851	14,940	41,683	91,674	412,204	1,798,420	2,416,425	All Causes 100%(36,866,317)

When ranked by specific ages, motor vehicle crashes are the leading cause of death for age 2 and every age 4 through 33.

Source: National Center for Health Statistics (NCHS) CDC, Mortality Data 2001

Note: The cause of death classification is based on the National Center for Statistics and Analysis (NCSA) Revised 68 Cause of Death Listing. This listing differs from the one used by the NCHS for its reports on leading causes of death by separating out unintentional injuries into separate causes of death, i.e., motor vehicle traffic crashes, accidental falls, motor vehicle nontraffic crashes, etc.

Accordingly, the rank of some causes of death wll differ from those reported by the NCHS. This difference will mostly be observed for minor causes of death in smaller age groupings.

<sup>&</sup>lt;sup>2</sup>Number of years calculated based on remaining life expectancy at time of death; percents calculated as a proportion of total years of life lost due to all causes of death.

<sup>3</sup>Not a total of top 10 causes of death.

Cause and Number of Deaths											
_ Children	Youth	Young Adults	Other Adults								
8-15	16-20	21-24	25-34	35-44							
MV Traffic Crashes 1,548	MV Traffic Crashes 5,979	MV Traffic Crashes 4,136	MV Traffic Crashes 6,759	Malignant Neoplasms 16,569							
Malignant Neoplasms	Homicide	Hom Ici de	Homicide	Heart Disease							
829	2,414	2,738	5,204	13,326							
Sulcide	Suicide	Suicide	Suicide	MV Traffic Crashes							
447	1,879	1,924	5,070	6,891							

## The Challenge

To prevent loss of the equivalent of one battalion each year to preventable traffic crashes. That is 310 service members and employees lost to car crashes alone in 2002, a rise of 30% from the previous year.

www.nhtsa.dot.gov/people/injury/alcohol/july4planner-03/Threat-Military.htm

## The DWI Problem

- Alcohol/drug impaired driving happens regularly to a large number of our members/ employees, on-base and in the community.
- Less frequently does this impairment provide necessary mix of circumstances to have adverse outcomes [a.k.a. crash or arrest]. Members' success reinforces this driving behavior.

## The DWI Problem,

- The impairment impacts the driving event directly, plus family and work situations.
- Ultimately, we see a loss of ability in our members due to impairment, impacting job performance, family relationships, and personal safety.
- While not limited to younger members, these folks comprise the largest number of those involved.

#### HIGH VISIBILITY ENFORCEMENT:

- Annual 16 day emphasis period [Crackdown]
- Sustained enforcement [at least monthly]
- Media attention to the issue
- Community involvement/support
- Annual Seat Belt Mobilization

#### SPECIALIZED DWI:

- Prosecutors
- Courts
- State driver licensing systems
- State crash records systems
- Brief Screening & Intervention
- World Health Day

## STRONG ALCOHOL BEVERAGE CONTROL [ABC] POLICY & ENFORCEMENT:

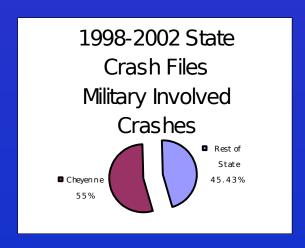
- Under 21 drinking laws
- 0.08 BAC per se law
- Open Container law
- Repeat Offender law
- Primary Seat Belt law
- Media Outreach
- Safe Communities

#### **SANCTION ALTERNATIVES:**

- Repeat Offender get their attention
- Post-conviction treatment diversion a meaningful intervention

## Wyoming Crash

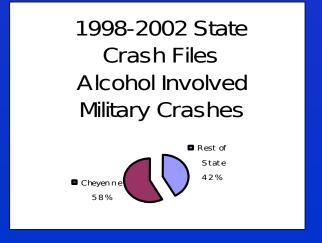
1998-2002 State | DC | S Crash Files Cheyenne Rest of State State Total Military Involved Crashes 704 586 1290 Alcohol Involved Military Crashes 26 19 45 Military Drivers Cited for Drinking 11 18



1998-2002 State
Crash Files
Military Drivers Cited
for Drinking

Cheyenne
61%

Cheyenne
61%



## STRONG ALCOHOL BEVERAGE CONTROL [ABC] POLICY & ENFORCEMENT:

- Under 21 drinking laws [WY: yes; DOD: yes]
- 0.08 BAC per se law [WY: yes; DOD: IP]
- Open Container law [WY: no; DOD: no]
- Repeat Offender law [WY: no; DOD: yes]
- Primary Seat Belt law [WY: no; DOD: yes]
- Media Outreach [WY: yes; DOD: yes]
- Safe Communities [WY: yes; DOD: IP]
- M/C protective equipment [WY: no; DOD: yes]

## Why work with the community? Face the same issues

- Share the same target audience
- Perform the same tasks
- Can use the same tools

## Partnership produces [WIIFM] Learning from each other.

- Shared costs.
- Avoiding duplication.
- Presenting a united front to the entire population.

## Community resources

Lawenforcement initiatives on underage sales and consumption.

Law enforcement emphasis on underage drinking and driving.

Media outreach to population.

EUDL grant - WY Department of Health, Substance Abuse Division.

Community coalitions.

Communication among the players.

### **How to Start Cooperation**

"...understanding that military bases do not exist in a vacuum but rather as a part of civilian communities - it becomes apparent that the two parallel structures can build and enhance their cooperation efforts to better serve their total local community and address common concerns."

### from: "Civilian and Military Law Enforcement Cooperation"

By John F. Awtrey, Director, Office of Law Enforcement Policy and Support, Department of Defense, and Jeffery Porter, Office of the Provost Marshal General, Department of the Army, Pentagon, Arlington, Virginia

http://policechiefmagazine.org/magazine/index.cfm ?fuseaction=display&article\_id=227&issue\_id=22004



### Conclusion

This is about meeting DSOC goals to reduce non-combat casualties to 12.5 deaths and 70 injuries per 100,000 personnel per year, <u>preventing 155</u> traffic deaths per year.

www.nhtsa.dot.gov/people/injury/alcohol/july4planner-03/Threat-Military.htm

## Thank you

## Responsible Alcohol Service



## MR. TOM MONTOYA Chief of Enforcement

# Armed Forces Disciplinary Control Board



## COL MICHAEL WITT Commander, 90th Security Forces Group

#### Overview:

- Mission
- Objectives
- Board Membership
- Responsibilities
- Off Limits Preconditions
- Off Limits Procedures
- Administrative Issues

#### Mission:

- Advises and Makes Recommendations to the Commander Concerning the Elimination of Crime or Other Conditions Affecting the Health, Safety, Morale, Welfare or Discipline of Armed Forces Personnel
- Our Mission is to Eliminate Conditions Which Adversely Affect Armed Forces Members in the Cheyenne, Laramie, Greeley and Ft Collins Area

#### Objective:

- Establish and Maintain the Highest Degree of Liaison and Coordination Between Military Commands and Civil Authorities in Order to Accomplish the Mission
- Board Convenes Semi-annually or When Directed by the Wing Commander

#### **Board Members:**

#### **President:**

Colonel Barry Kistler, 90 SW/CV

#### **Voting Members:**

- 90 SFG/CC
- 90 MSG/CC
- 153rd AW MSG/CC (WYG Rep)

#### **Board Members:**

#### Non-Voting Members:

- 90 OG/CC
- 90 MXG/CC
- 90 MDG/CC
- 90 SW/PA Center/CC
- 90 SW/JA Rep
- 90 SW/ME

- 90 SW/CEF
- 90 SW/HC
- 90 SFS/CC
- Naval Reserve
  - WY Army Guard

#### Responsibilities:

- The President of the AFDCB Will:
  - Schedule and Preside at all AFDCB Meetings
  - Provide an Agenda to Each Voting Member at Least
- 72 Hours Prior to Each Meeting
  - Ensure Records, Minutes and Correspondence are Prepared and Distributed

#### Responsibilities:

- Receiving Complaints/concerns From Respective Unit Members
- Taking Appropriate Action on Conditions That Exist in the Local Area for Any of the Following Reasons (IAW AR 190-24 and AFI 31-213):
  - Disorder and lack of discipline
  - Prostitution
  - Sexually transmitted diseases
  - Liquor violations

#### Responsibilities:

- Racial and Discriminatory Practices
- Alcohol and Drug Abuse
- Drug Abuse Paraphernalia
- Criminal or Illegal Activities Involving Cults or Hate Groups
- Illicit Gambling
- Areas Susceptible to Terrorist Activity
- Unfair Commercial or Consumer Practices
- Other Undesirable Conditions

#### Off Limits Preconditions:

- Establishment Must Be Frequented by Armed Forces Members
- Conditions Detrimental to Good Order and Discipline Must be Present
- Board Decision Must be Based on Credible, Fact-Based Information
- Prior to the AFDCB Initiating Action, the Installation Commander Will Attempt to Correct the Situation Through the Assistance of Local Officials

- The AFDCB Determines if Adverse Conditions Exist
- Notify the Owner or Management Via Certified Letter of Board Concerns and Specify a NLT Date to Have Conditions Corrected
- If Conditions Are Corrected by the Specified Date, Send a Letter of Appreciation
- If Conditions Are Not Corrected, the Proprietor Will be Invited to Appear Before the AFDCB to Explain Why the Establishment Should Not be

- Cases Where the Proprietor Has Been Invited to Appear Before the Board, the President of the Board (Prior to Calling the Proprietor) Will:
  - Request applicable inspection reports
  - Call a board meeting and review the inspection reports and decisions of previous meeting
  - Allow those present to ask questions/discuss the case concerning the

- When the Proprietor Is Called Before the Board:
  - Present proprietor with summary of complaint
  - Afford proprietor opportunity to present defense
  - Invite board members to question proprietor
  - Allow proprietor to make final statement

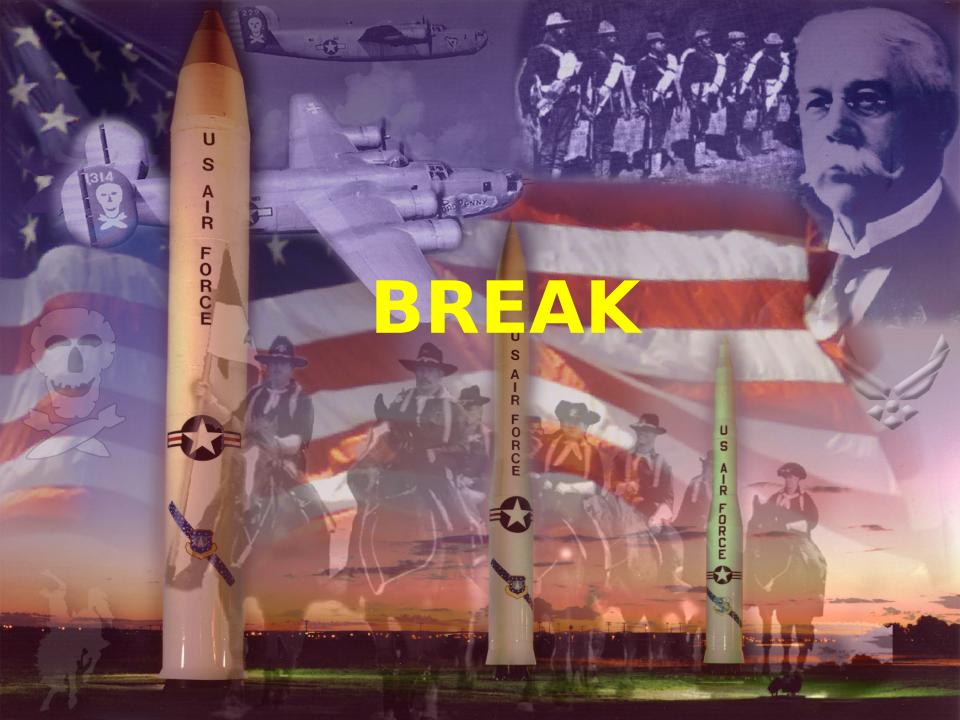
- Deliberations on Recommended Actions Will be in Closed Session, Attended Only by Board Members. The Board Should Recommend an Offlimits Restriction After the Following:
  - Letter of notification has been sent
  - An opportunity for proprietor to appear before the board has been provided
  - Further investigation indicates improvements have not been made

- Board Minutes Will Indicate AFDCB Actions in Each Case
- Board Recommendations Will be Submitted to the Commander for Consideration

- Upon Approval of the AFDCB's Recommendations the President Notifies the Proprietor, in Writing, the Off-Limits Restriction has been Imposed
  - No time limit should be specified
  - Military authorities may not post off-limits signs or notices on private property
  - The AFDCB has jurisdiction over Armed Forces members who frequent off-base establishments, not the establishment itself

#### Administrative Issues:

- Enforcement Through OSI and 90 SFS/SFOI
- Notification Process
  - Base Wide E-mail
  - Commanders' Calls
  - Installation Newspaper
  - Commander's Access Channel
  - Newcomer's Orientation Briefing/FTAC
  - Distribution of AFDCB Minutes



# FEW's Developing a Responsible Drinking Culture

#### **Q&A SESSION II**

#### PANEL:

COL HOAPILI
CHIEF DICKS
CAPT OGLE
COL WITT

CAPT OGLE
MR. WELTZER
MR. MONTOYA
MS. GUERNEY
MAJ
CHANDLER

#### **ACTION ITEMS**

## QUESTIONS NEEDING ANSWERED

#### **IDEAS**

#### AREAS FOR CONCERN

## REQUESTS

## Closing Remarks



## COL EVAN J. HOAPILI Commander, 90th Space Wing

## Sessions:

## Ballroom COMMANDERS & CHIEFS

Ground Zero
UNIT CHAMPIONS